

MICHAEL C. BURGESS, M.D.
26TH DISTRICT, TEXAS

WASHINGTON OFFICE:
1721 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-7772

DISTRICT OFFICES:
1660 SOUTH STEMMONS FREEWAY
SUITE 230
LEWISVILLE, TX 75067
(972) 434-9700

1100 CIRCLE DRIVE
SUITE 200
FORT WORTH, TX 76119
(817) 531-8454

www.house.gov/burgess

Congress of the United States
House of Representatives
Washington, DC 20515-4326

Medical Focus - Avian Flu Essentials

December 13, 2005

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"The price of greatness is responsibility." – Winston Churchill

Dear Colleague:

In the eleventh letter in the Avian Flu Essentials series, I would like to highlight some sections in the Department of Health and Human Services Pandemic Influenza Plan. Many of the elements that are intrinsic to rapidly contain an outbreak have been discussed in the last several letters. The overview presented below will give an introduction and tie in those elements to the national preparedness plan, which is a 396 page manual subdivided into two parts. Part 1 presents the HHS Strategic Plan and Part 2 gives Public Health Guidance on various topics including surveillance, communication, and clinical guidelines.

First, the planning assumptions and what the country should expect in term of illnesses, hospitalizations, and deaths with a moderate or severe pandemic can be found in Part I pages 18-19. The federal role during a pandemic is also described with the specific duties of various HHS officials and agencies in Table 3 (starting on page 27). In addition, the intensity of the nation's response will be guided by classifying the different pandemic phases according to the World Health Organization (WHO) system (appendix C). Then, the distribution of vaccines and antiviral drugs can be targeted according to the priority groups determined in appendix D (tables on pages 13 and 21).

Second, Part 2 is the most relevant section to state officials as it presents clear recommendations. Surveillance is discussed in Supplement 1. The various components that compose the surveillance system and how health departments should categorize the amount of influenza-like-illness in a state will serve to alert the nation and monitor the development of a pandemic should one occur (on pages S1-10 and S1-13).

Third, knowing which situations call for samples to be sent to designated labs or the CDC for viral strain determination is important. Supplement 2 in Part 2 of the HHS Pandemic Influenza Plan gives laboratory diagnostic guidelines. The types of viruses that are endemic to poultry and humans can be better understood by looking at page S2-11. As researchers confirm whether samples contain the pandemic flu virus, the false positive testing rates for scientists to bear in mind depend on the prevalence of the disease (see pages S2-25 and S2-26).

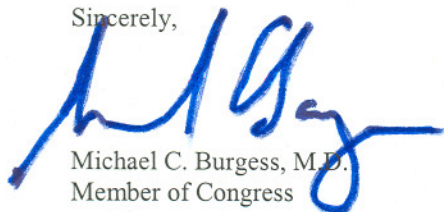
Fourth, states' preparedness plans should integrate Healthcare Planning guidelines (Supplement 3 in Part 2). Consideration should also be given to modify current state and local laws and procedures necessary to facilitate a rapid response (see Appendix 1 on I-13 in Part 2).

Fifth, health care providers should be provided with the flow charts that show how to test and treat patients with influenza and pneumonia during a pandemic (Supplement 5, pages 16-19 and 34-35). Based on this assessment, health care workers can refer to a table that establishes viral drug dosages based on an individual's age (Supplement 7 page 18).

Sixth, Supplement 10 addresses public health communication. Informing and educating the general public prior to the occurrence of a global threat will help allay people's fears and allow them to make better decisions when faced with a disaster. Regular updates from a person an individual trusts during a pandemic will also help prevent panic.

The brief overview presented in this letter is not inclusive of every segment in the HHS Pandemic Influenza Plan and public officials should take the time to familiarize themselves with the whole plan. Our ability to handle a pandemic can only be strengthened if pandemic preparedness plans are implemented. On the reverse of this letter, President Bush's strategy for pandemic influenza is outlined. Active steps to deal with this global health threat in a timely way must be taken and a source of funding is necessary to take action.

Sincerely,



Michael C. Burgess, M.D.
Member of Congress

Fact Sheet: Pandemic Influenza

The President's total request is \$7.1 billion. The request includes \$6.9 billion for Domestic preparedness through HHS, VA, Defense, USDA, Interior, DHS, and State/USAID to purchase countermeasures, increase emergency production capacity, and enhance preparedness. The request also includes \$251 million for International activities at State/USAID, HHS, USDA, and Defense to enhance the ability to detect, contain and respond to an outbreak overseas.

Antiviral Stockpiling and Development: \$1.4 billion

Antiviral drugs, including Tamiflu and Relenza, have been shown to be effective against the H5N1 influenza strain that presents the most immediate risk of an influenza pandemic. Antiviral drugs can reduce the spread of influenza and prevent deaths by slowing the reproduction of virus in the body. The President is asking Congress for \$1 billion to stockpile enough antiviral medications to help treat the Nation's first responders, those on the front lines, and populations most at risk in the first stages of a pandemic. The request includes \$400 million for advanced development of new antiviral drugs to guard against the rapid establishment of drug resistance.

Vaccine Stockpiling and Development: \$2 Billion

A vaccine based on the current strain of the avian flu virus is currently in clinical trials. The request includes \$1.519 billion to purchase all available doses of egg-based pandemic vaccine and stockpile doses to vaccinate 20 million people. While not a perfect match, a vaccine against the current avian flu virus would offer protection and save many lives in the first critical months of an outbreak. The request also includes \$450 million to speed domestic production and develop new vaccine technologies, including methods to stretch limited vaccine supplies in a pandemic.

Vaccine Production Capacity: \$2.8 Billion

Influenza vaccine is made by growing the vaccine material in chicken eggs infected by the virus. This process is slow and cumbersome and particularly risky for avian viruses that infect and kill chickens. The President's request includes \$2.8 billion to accelerate the development of cell-based influenza vaccine production. Cell-based production is a more nimble, scalable and rapid method of making vaccine. These investments will establish the domestic capacity to make vaccine for the entire US population within six months. Without it, it would take many years to make enough vaccine to cover the US population, far too long to protect the public.

Federal, State and Local Preparedness: \$644 Million

An influenza pandemic would place enormous strain on domestic healthcare, emergency response and animal and human disease surveillance systems. The request includes \$644 million for other preparedness efforts to ensure all levels of government are prepared, including \$100 million to help states complete and exercise pandemic plans before a pandemic strikes.

International Preparedness: \$251 million

International surveillance and containment efforts can help prevent or slow the spread of an influenza pandemic to our borders, or at a minimum give our Nation advance warning that a pandemic is imminent. The request includes \$251 million to enhance surveillance, international coordination and communication and response capabilities and establish an emergency stockpile of protective equipment and essential commodities to respond to an outbreak.